

**CRITERIA FOR PRIOR AUTHORIZATION**

Triptodur® (triptorelin)

**PROVIDER GROUP** Professional**MANUAL GUIDELINES** The following drug requires prior authorization:  
Triptorelin (Triptodur®)**CRITERIA FOR APPROVAL** (must meet all of the following):

- Patient must have a diagnosis of central precocious puberty must be confirmed with both of the following:
  - Hormone Evaluation:
    - After GnRH or leuprolide administration, a LH (luteinizing hormone) level of > 5 U/L, OR
    - Basal (no stimulation test) serum LH > 5 U/L, OR
    - Basal (no stimulation test) LH > 0.3 U/L using ultra-sensitive assays (chemiluminescence immunoassay)
  - Bone age advanced one year beyond the chronological age
- Patient must be at least 2 years of age AND below age 11 for females and age 12 for males
- Patient must have onset of secondary sexual characteristics before 8 years of age in females and 9 years of age in males
- Dose must not exceed a single intramuscular injection of 22.5 mg once every 24 weeks

**LENGTH OF APPROVAL:** 12 months

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**DRUG UTILIZATION REVIEW COMMITTEE CHAIR**

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**PHARMACY PROGRAM MANAGER**  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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**DATE**

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